

TANIA HOLLAND  
PARALEGAL SPECIALIST  
DESIGNATED OFFICER  
(703) 305-5483

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.	FILING DATE				
						APPLICANT(S)					
						CLAIMS					
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*	*		
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.		
1						51					
2						52					
3						53					
4						54					
5						55					
6						56					
7	8					57					
8						58					
9	8					59					
10	8					60					
11	8					61					
12	8					62					
13	8					63					
14	8					64					
15	8					65					
16	8					66					
17	8					67					
18	8					68					
19	8					69					
20	8					70					
21	8					71					
22	8					72					
23	8					73					
24	8					74					
25	8					75					
26	8					76					
27						77					
28						78					
29						79					
30						80					
31						81					
32						82					
33						83					
34						84					
35						85					
36						86					
37						87					
38						88					
39						89					
40						90					
41						91					
42						92					
43						93					
44						94					
45						95					
46						96					
47						97					
48						98					
49						99					
50						100					
TOTAL IND.						TOTAL IND.					
TOTAL DEP.						TOTAL DEP.	2				
TOTAL CLAIMS						TOTAL CLAIMS	35				

PTO-1360 (3-78)  
\*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS  
U.S. GOVERNMENT PRINTING OFFICE: 1978 50-1360-1